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Bib Data Sheet

CONFIRMATION NO. 5452

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/834,924 | <b>FILING DATE</b><br>04/13/2001<br><b>RULE</b> | <b>CLASS</b><br>707 | <b>GROUP ART UNIT</b><br>2176 | <b>ATTORNEY DOCKET NO.</b><br>41556/04005/RS11P100 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 08/06/2001

|  |                               |                              |                           |                                |
|--|-------------------------------|------------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>195 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                              |                           |                                |
| Verified and Acknowledged  | Examiner's Signature          | Initials                     |                           |                                |

**ADDRESS**

CARLTON FIELDS  
Attn: Andrew Greenberg  
P.O. Box 3239  
Tampa, FL 33601-3239

**TITLE**

System, method and computer program product for distributor/supplier selection in a supply chain management framework

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>420 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |   | <input type="checkbox"/> Other _____                           |
|                                   |   | <input type="checkbox"/> Credit                                |